

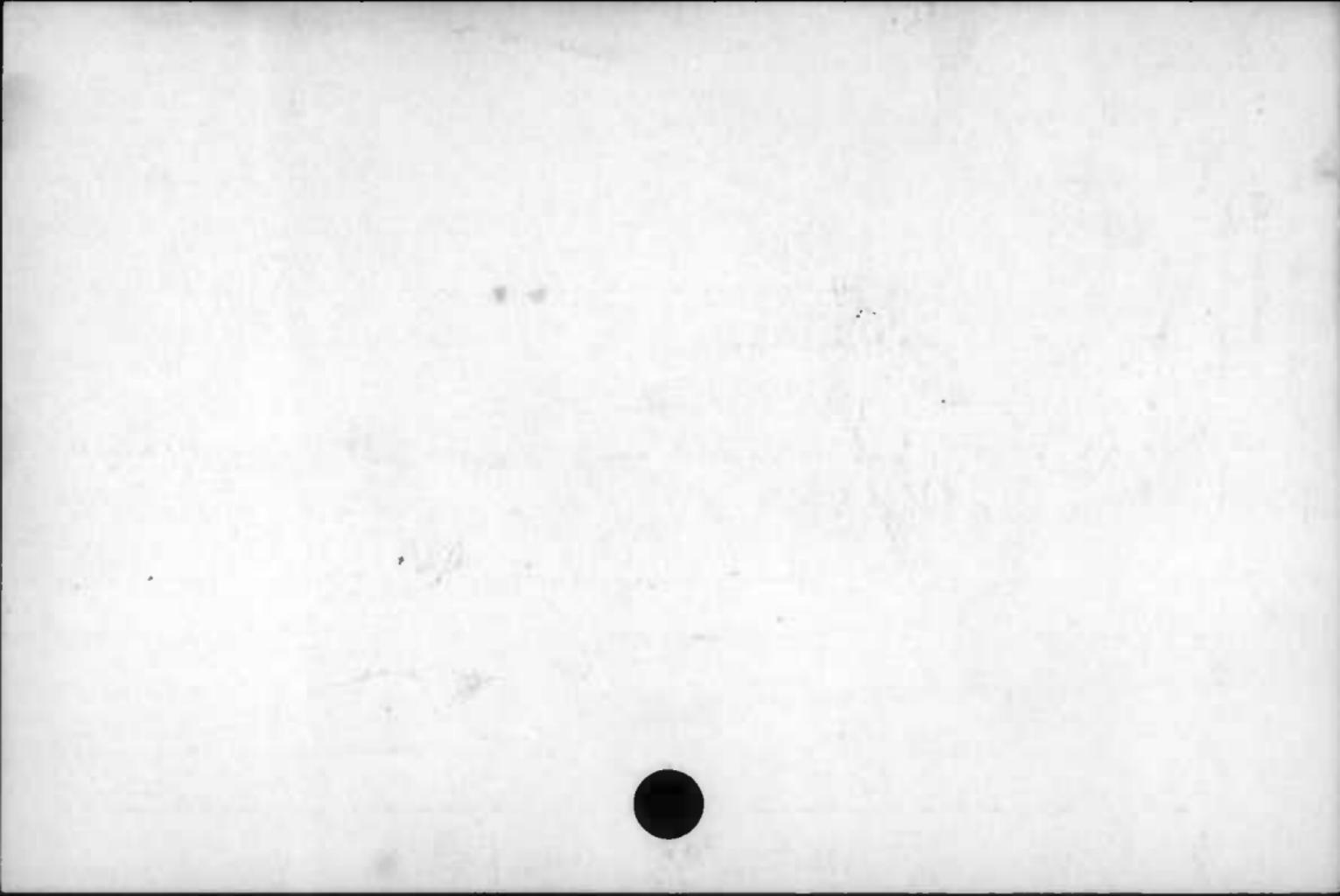
Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Simpsonville</u>		Town	County <u>Hanover</u>		MARYLAND	
Date of death	1908	Month <u>Sep</u>	Day <u>5</u>	Years	Months <u>1</u>	Days
Sex	<u>Male</u>	Color or Race	<u>Colored</u>		Birth-place	<u>Ind</u>
Married, Single or Widowed	—		Occupation		—	
Name of Wife or Husband	—		—		—	
Father's Name	<u>Israel Bacon</u>		Father's Birthplace		<u>Ind</u>	
Mother's Maiden Name	<u>Mary Daily</u>		Mother's Birthplace		<u>Ind</u>	
Name of person giving information	<u>Israel Bacon</u>		How related to deceased		<u>Parent</u>	
CAUSES OF DEATH						<u>71</u>
Primary	<u>Convulsion</u>		How long		<u>6 hours</u>	
Immediate			How long			
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		<u>Charles Edwards</u>	
			Address		<u>Simpsonville</u>	
Accident or Suicide?						

PHYSICIAN
OR CORONER



Name
in
Full

Hatfield, Ruben Floyd Bruder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died near Hyattsville		Town	County		MARYLAND		
Date of death 1908	Month 9	Day 14	Age	Years	Months	Days	
Sex Male	Color or Race white	Birth-place MD.					
Occupation none	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	William Edward Hatfield	Father's Birthplace		MD.			
Mother's Maiden Name	Wuthie Ellsworth Bowen	Mother's Birthplace		MD.			
Name of person giving information	W. E. Hatfield -	How related to deceased		father			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Enchitis

How long

2 weeks

Immediate

Tremor

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

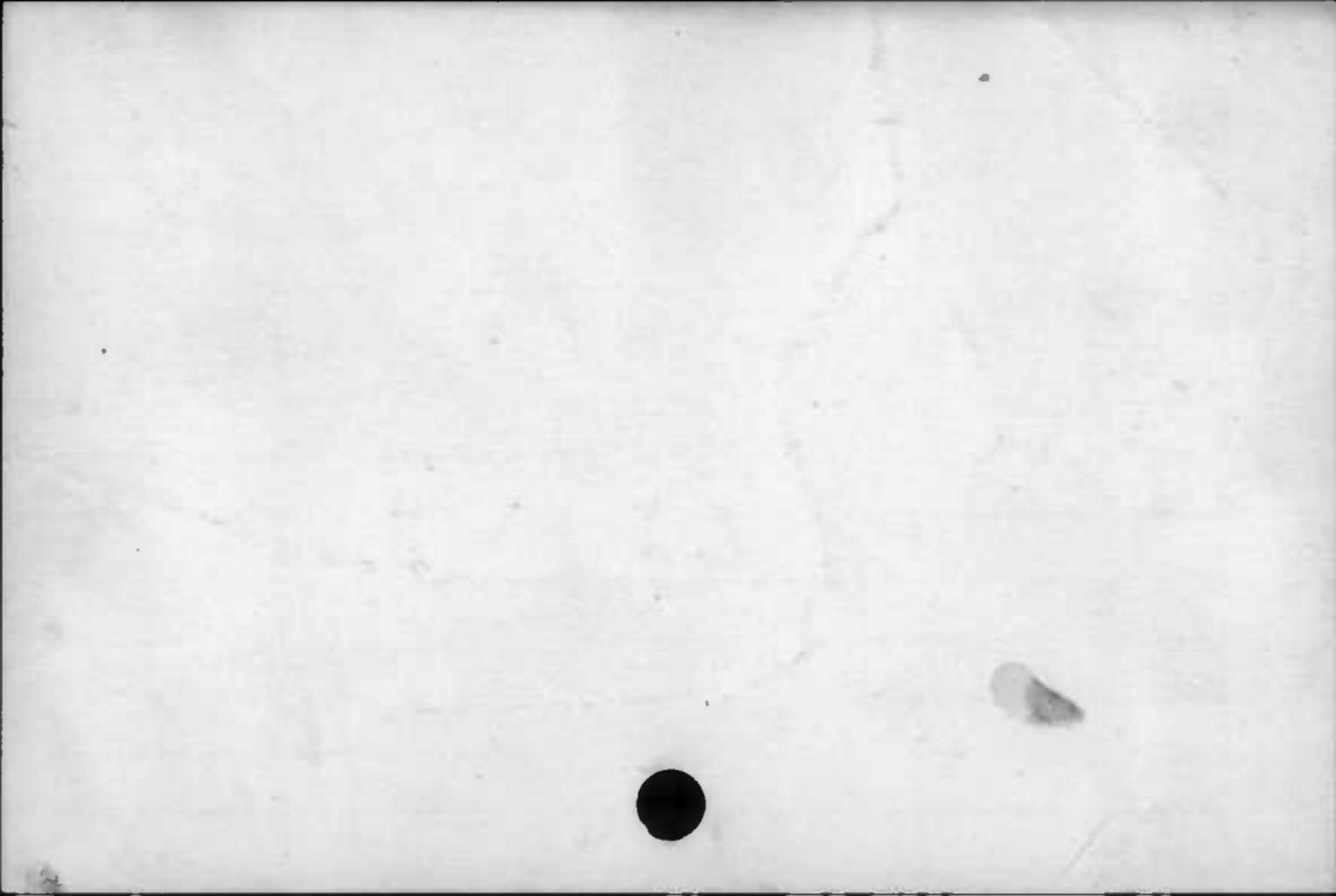
yes

Signature of Physician

Address

W. Frank Lucas, M.D.
Hyattsville, Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Nora Francis Crider

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death		Month	Day	Years	Months	Days	
1908		Sept	23	Age	8	3	
Sex		Female	Color or Race	white	Birth-place	Alberton, Md	
Occupation		Infant	Where Residing if not at place of death				
Married, Single or Widowed		Single	Name of Wife or Husband				
Father's Name		Jefferson D. Crider				Father's Birthplace	Strasburg, Va
Mother's Maiden Name		Eleanor Drummond				Mother's Birthplace	Strasburg, Va
Name of person giving Information		Eleanor Crider				How related to deceased	Mother

CAUSES OF DEATH

105

Primary *Enterico-Colitis*

How long 1 week

Immediate *Asthenia*

How long 1 week

Are the name, age, sex, color, date and place correctly given above?

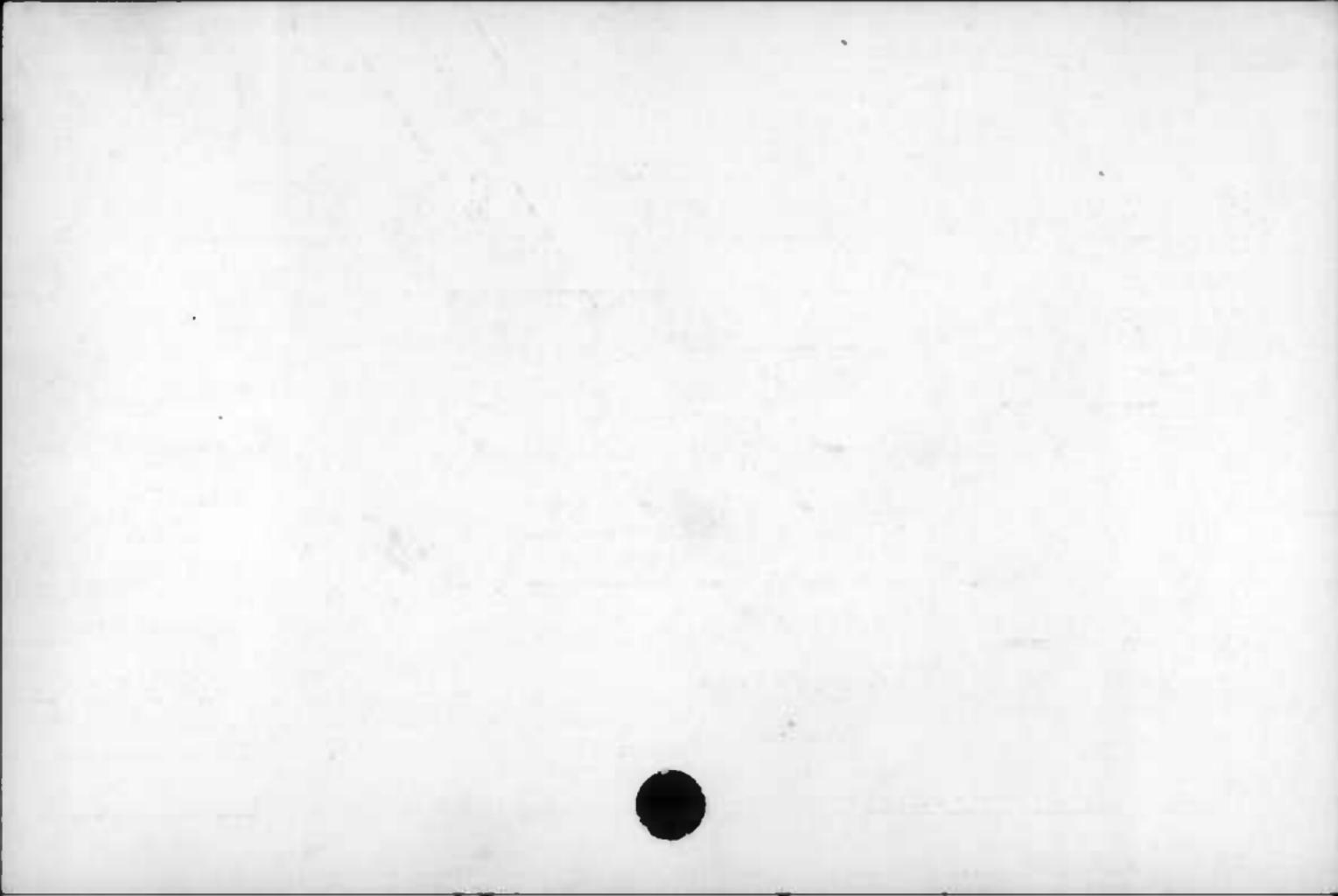
Yes

Signature of Physician

Address

J. B. Lambill
Elliott City, Md

Accident or Suicide?



Name
in
Full

Maggie L. Crobart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Dairy.

County

Howard.

MARYLAND

Date
of death

1908

Month

Sept.

Day

23

Years

—

Months

—

Days

16

Sex

Female.

Color or
Race

White

Birth-
place

Maryland

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Singer

Name of Wife or
Husband

Father's
Name

Harry Crobart.

Father's
Birthplace

Baltimore.

Mother's
Maiden Name

Lacey Poole.

Mother's
Birthplace

Florence Md.

Name of person giving
information

Harry Crobart

How related
to deceased

Father

CAUSES OF DEATH

Primary

Bronchitis

90

How long

one week.

Immediate

asthma

How long

two days.

Are the name, age, sex, color, date
and place correctly given above?

Yes

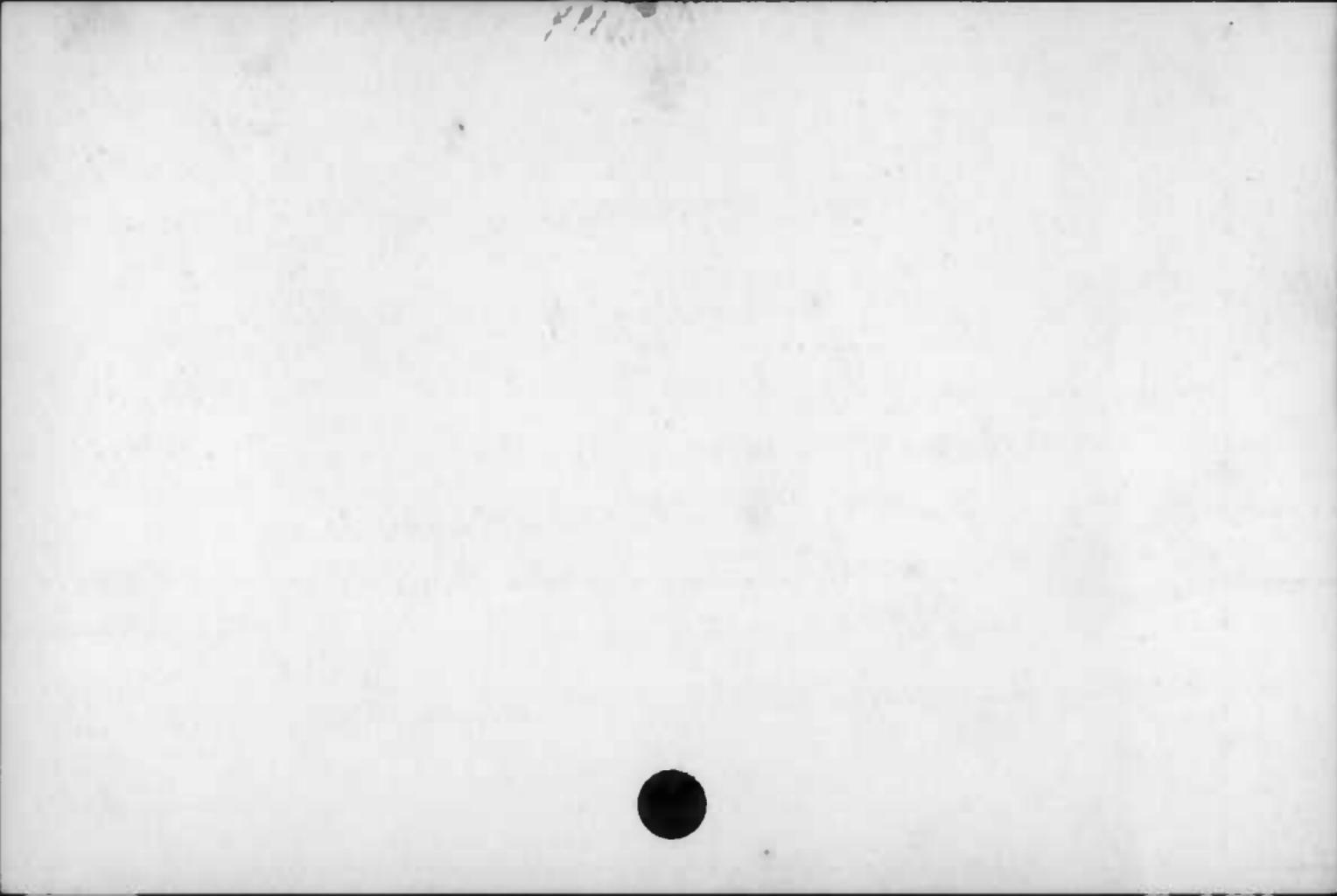
Signature of
Physician

Address

J. W. Lacy.

Lisbon Md.

Accident or Suicide?



Name
in
Full

Eddie Jefferson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Dairy		Town Howard.		County MARYLAND	
Date of death 1908	Month Sept.	Day 3.	Age 33	Years	Months 4
Sex Female	Color or Race Negro.	Birth- place Maryland.		Days 27	
Occupation Housewife and domestic servant.	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Arthur Jefferson				
Father's Name George Schaper Garner.			Father's Birthplace Ind		
Mother's Maiden Name Mary Susanna Dorsy			Mother's Birthplace Ind		
Name of person giving Information Della Hammond.			How related to deceased Sister		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Tuberculosis of lungs

27

How long

(3)
Three months

Immediate
..

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

J.W. Lucy
Pisces

Accident or Suicide?

Address

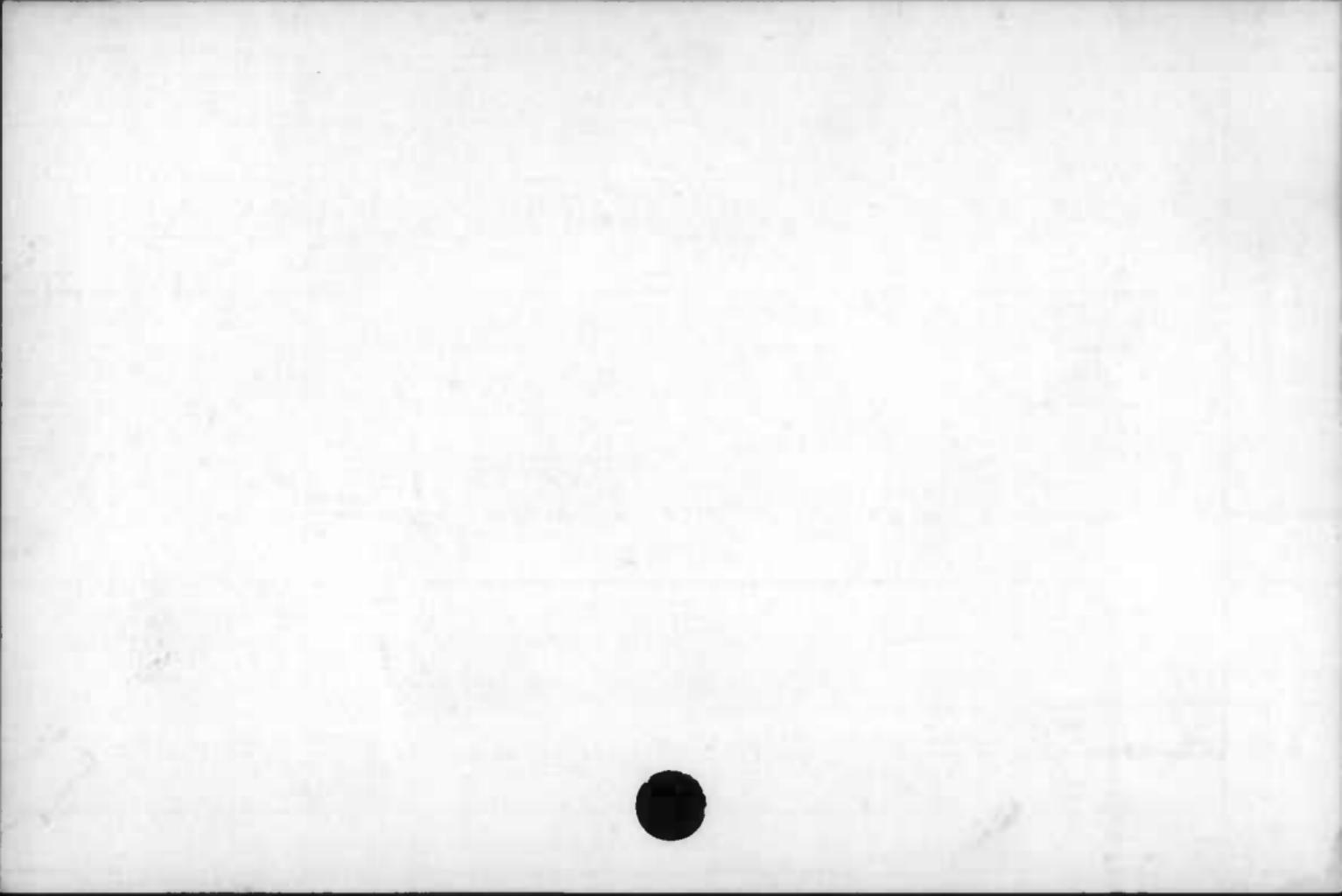
Ind

Fairview Central High School -

Nancy Johnson					CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Date of death 1908		Month Sep.	Day 15	Age 68	Years	Months	Days
Sex	Female	Color or Race	African		Birth-place	Missouri	
Occupation	Domestic		Where Residing if not at place of death		Or at home		
Married, Single or Widowed	Widow	Name of Wife or Husband	Moses Johnson		Father's Birthplace	Unknown	
Father's Name	Unknown				Mother's Birthplace	Unknown	
Mother's Maiden Name	Unknown				How related to deceased	Daughter	
Name of person giving Information	Mrs. Carter Robinson				108		

CAUSES OF DEATH

Primary	Obstruction in rectum		How long	about 6 days
Immediate	Effects same		How long	about 2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	C. H. Jeffers	
		Address	Sylesville, Md.	
Accident or Suicide?	No			

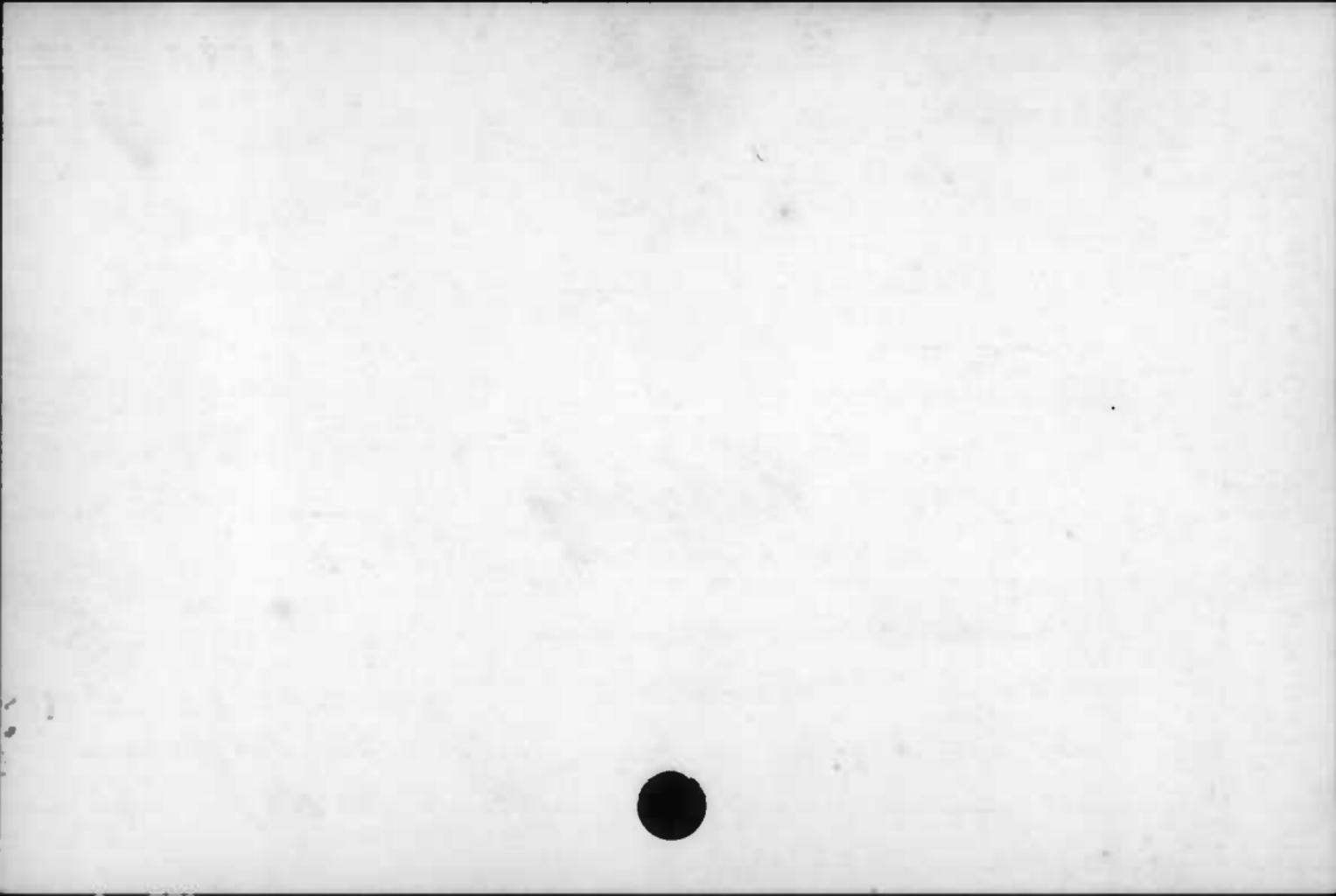


Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<h1>Thomas W. Meldron</h1>					CERTIFICATE OF DEATH		
Died at <u>Doughoragan</u> Town		<u>Howard</u> County			MARYLAND		
Date of death <u>1908</u>	Month <u>Sept</u>	Day <u>13</u>	Age <u>—</u>	Years <u>—</u>	Months <u>2</u>	Days <u>—</u>	
Sex <u>Male</u>	Color or Race <u>white</u>				Birth-place <u>Maryland</u>		
Occupation <u>none</u>	Where Residing if not at place of death						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>none</u>				Father's Birthplace <u>Maryland</u>		
Father's Name <u>William Meldron</u>				Mother's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Annie Ridgley</u>				How related to deceased <u>Mother</u>			
Name of person giving information <u>Annie Meldron</u>				137			
CAUSES OF DEATH							
Primary <u>Marasmus</u>				How long <u>2 months</u>			
Immediate <u>Convulsions</u>				How long <u>—</u>			
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician			I, the undersigned, Catawba, Md.			
<u>✓</u>	Address			<u>Catawba, Md.</u>			
Accident or Suicide?							



Name
in
Full

Clarence E. Merson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908	Month Sept	Day 25	Age 30	Years	Months
Sex Male	Color or Race white	Occupation Gang Boss on B&O R.R.	Birthplace Md	Days	
Married, Single or Widowed	Maiden Name				
Name of Wife or Husband	Mr. Known				
Father's Name	Oliver Merson	Father's Birthplace	Md.		
Mother's Maiden Name	Not known	Mother's Birthplace	Not Known		
Name of person giving information	operator at Jeps	How related to deceased	none		

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary

President hit by train

How long

v

Immediate

same

How long

Are the name, age, sex, color, date and place correctly given above?

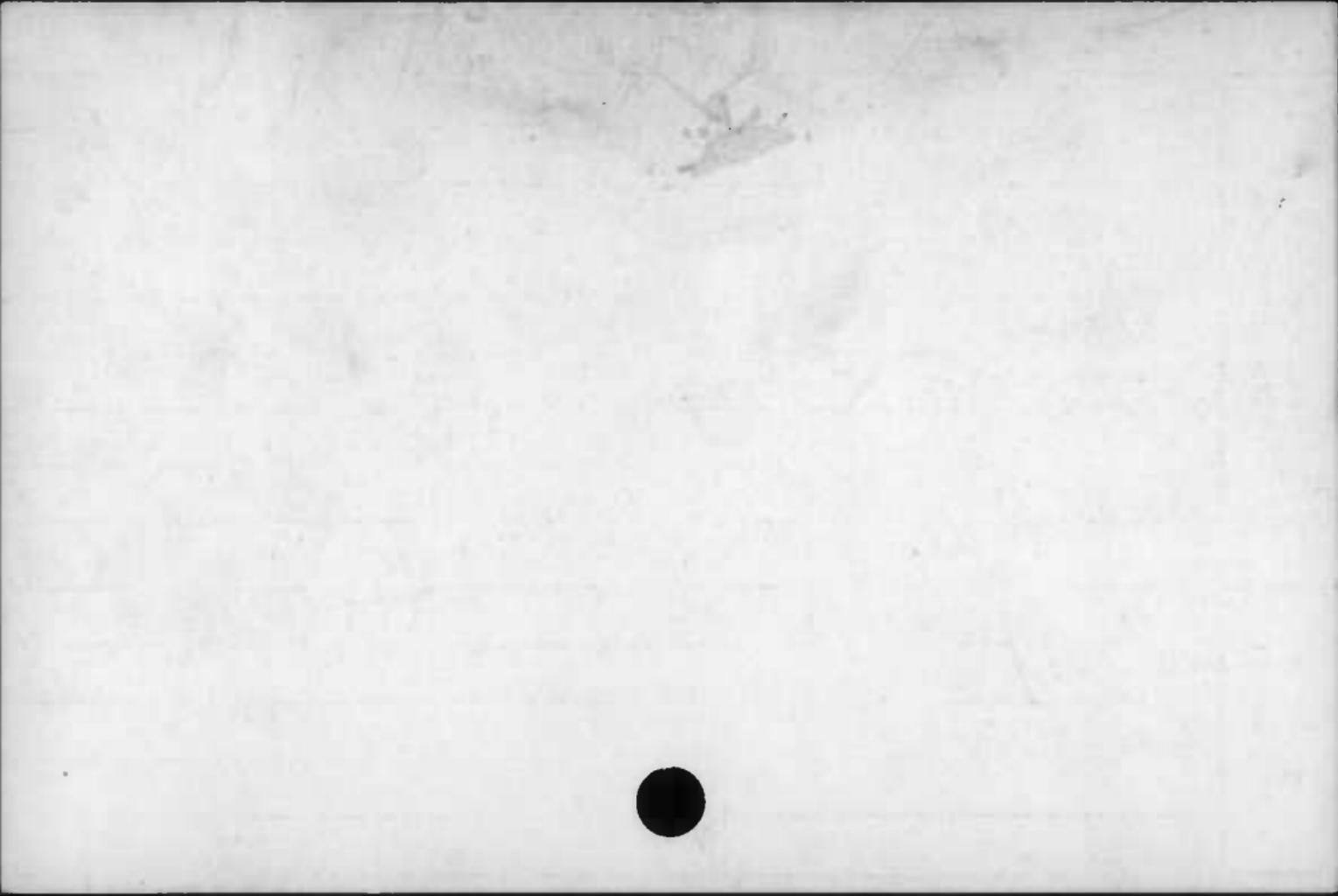
yes

Signature of
Physician

Address

J. H. Resenact Coroner
60 Md

Accident or Suicide?



Name
in
Full

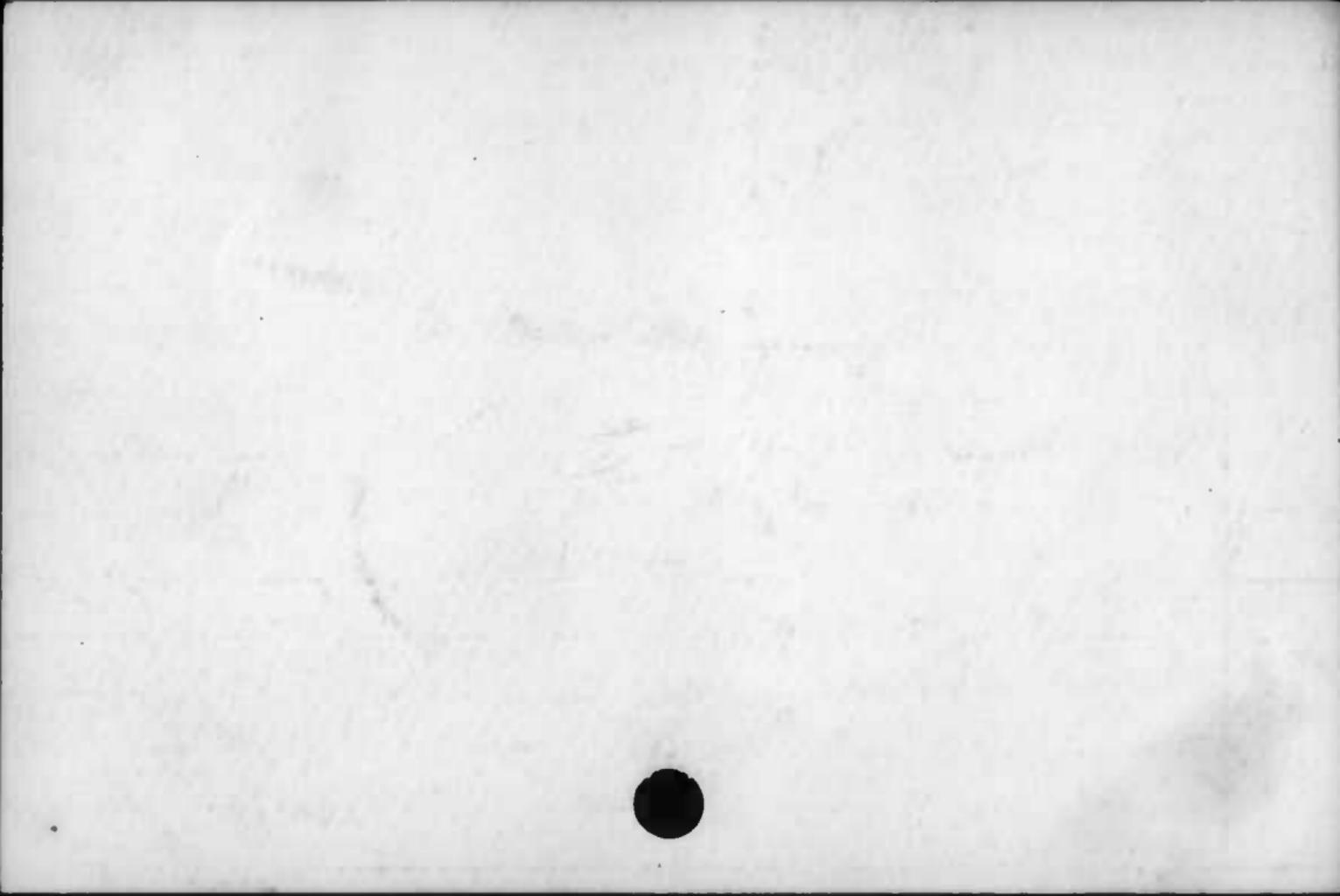
TO BE ANSWERED BY
NEAREST FRIEND

George W. Pocock

CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND		
Date of death	1908	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Age	65	
Occupation	Star Keeper		Where Residing if not at place of death	Elkridge		
Married, Single or Widowed	Married		Name of Wife or Husband	Sarah M. Lowman		
Father's Name	George W. Pocock		Father's Birthplace	Portford Co		
Mother's Maiden Name	Matilda Lilly		Mother's Birthplace	Baltimore		
Name of person giving information	James E. Pocock Son		How related to deceased	1/2		
CAUSES OF DEATH						
Primary	Paralysis		66	How long		
Immediate	down			2 yrs		
Are the name, age, sex, color, date and place correctly given above?			yes	How long		
			Signature of Physician	some		
			Address	Arthur Williams		
				Elkridge Md		
Accident or Suicide?	No					

PHYSICIAN
OR CORONER



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Edgar Taylor Ridgley.

CERTIFICATE OF DEATH

Died at Puffins Leon

County

MARYLAND

Date of death 1901 Month Sept

Day 14th

Years

Months

Days

Age

one -

Sex male

Color or Race

white

Birth-place

Maryland

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Herbert F. Ridgley

Father's
Birthplace

Md.

Mother's
Maiden Name

Mary Shusa Amross

Mother's
Birthplace

Md.

Name of person giving
information

Mary Shusa Ridgley

How related
to deceased

Mother

Worker robbed on street and shot

CAUSES OF DEATH

176

How long

Primary

.....

.....

Immediate

Smothered

.....

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Corona. William F. Liley

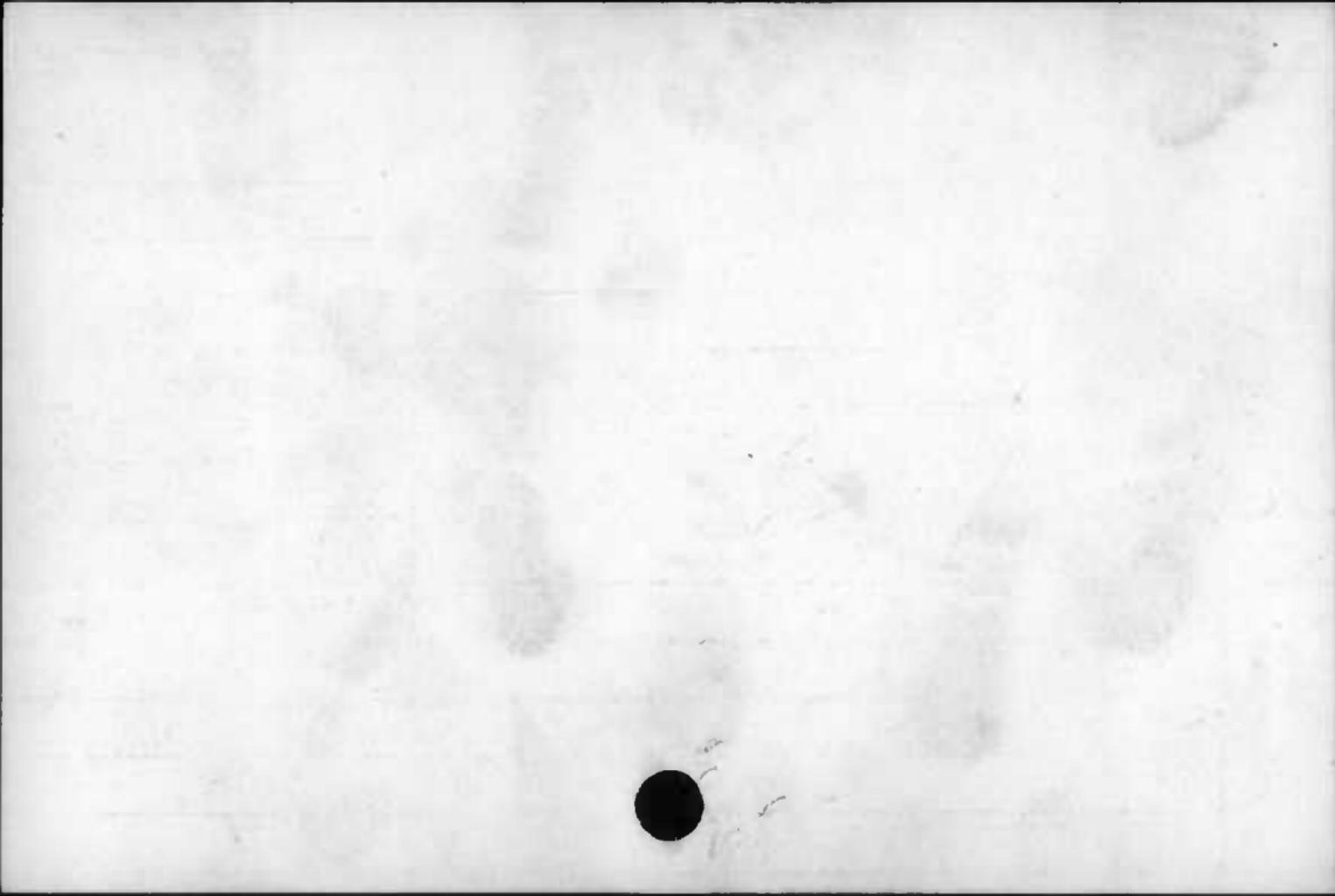
Elliott Liley

MD

Address

Accident or Suicide?

Accidins



William Washington Schaible.

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Died at	Eek Ridge	Howard				
Date of death	1908 Sept.	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White		6	21
Occupation	none	Where Residing if not at place of death			Eek Ridge Md	
Married, Single or Widowed		Name of Wife or Husband			None	
Father's Name	William F. Schaible			Father's Birthplace		Baltimore Md
Mother's Maiden Name	Daisy E. Coffman			Mother's Birthplace		Virginia
Name of person giving Information	Wm F. Schaible			How related to deceased		Father
Fell into bushes of hot wire & cutting half his body						
CAUSES OF DEATH						
Primary	Extensive burn			How long		18 hours
Immediate	Shock			How long		18 hours

167

Are the name, age, sex, color, date and place correctly given above?

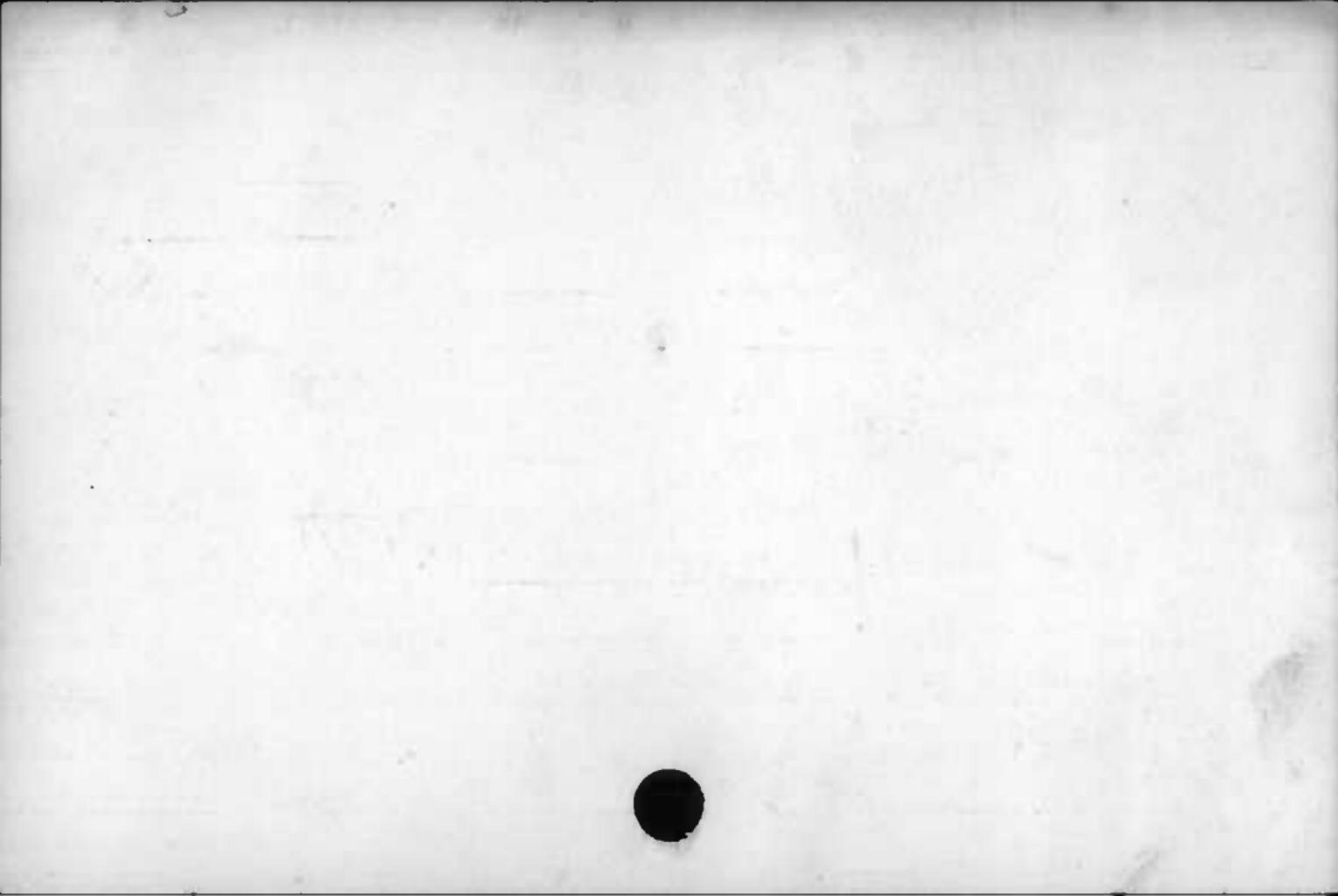
Signature of Physician

Wm R. Eareckson

Address

Eek Ridge Md

Accident or Suicide?



Name
in
Full

Edith Pearl Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Savage			Howard			
Date of death	Month	Day	Years	Months	Days	
1908	9	12	Age	8	24	
Sex	Female	Color or Race	white	Birth- place	Md	
Occupation	Where Residing if not at place of death					
Infant	Savage Md					
Married, Single or Widowed	single	Name of Wife or Husband				
Father's Name	Albert Smith					
Mother's Maiden Name	Edith Pearl Bradford					
Name of person giving Information	Wm Bradford					

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary

chronic Indigestion

How long

Several months

Immediate

congestion of lungs

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

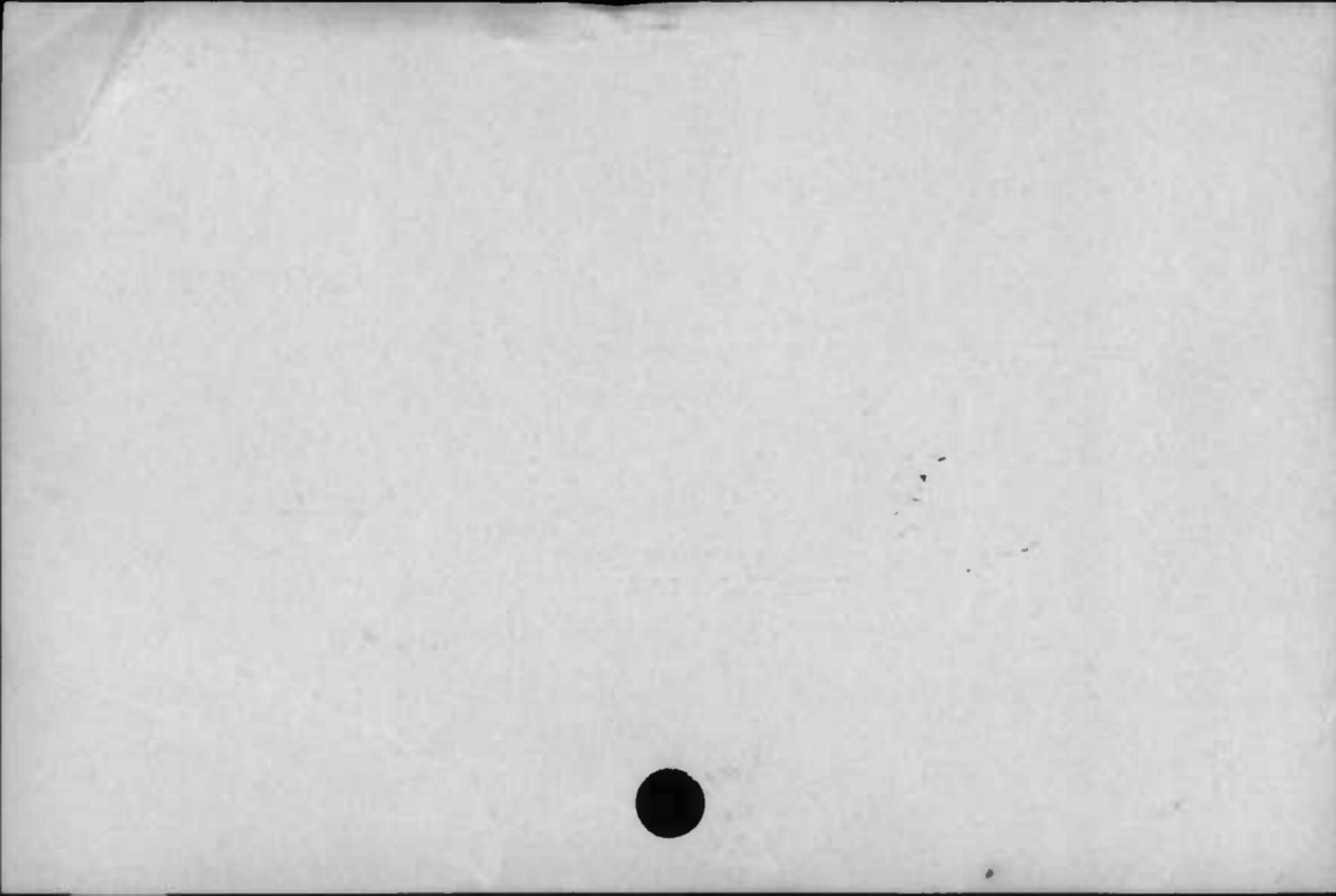
W. M. Williamson

Savage

Md

Accident or Suicide?

Within



Name
in
Full

Charles Weber

CERTIFICATE OF DEATH

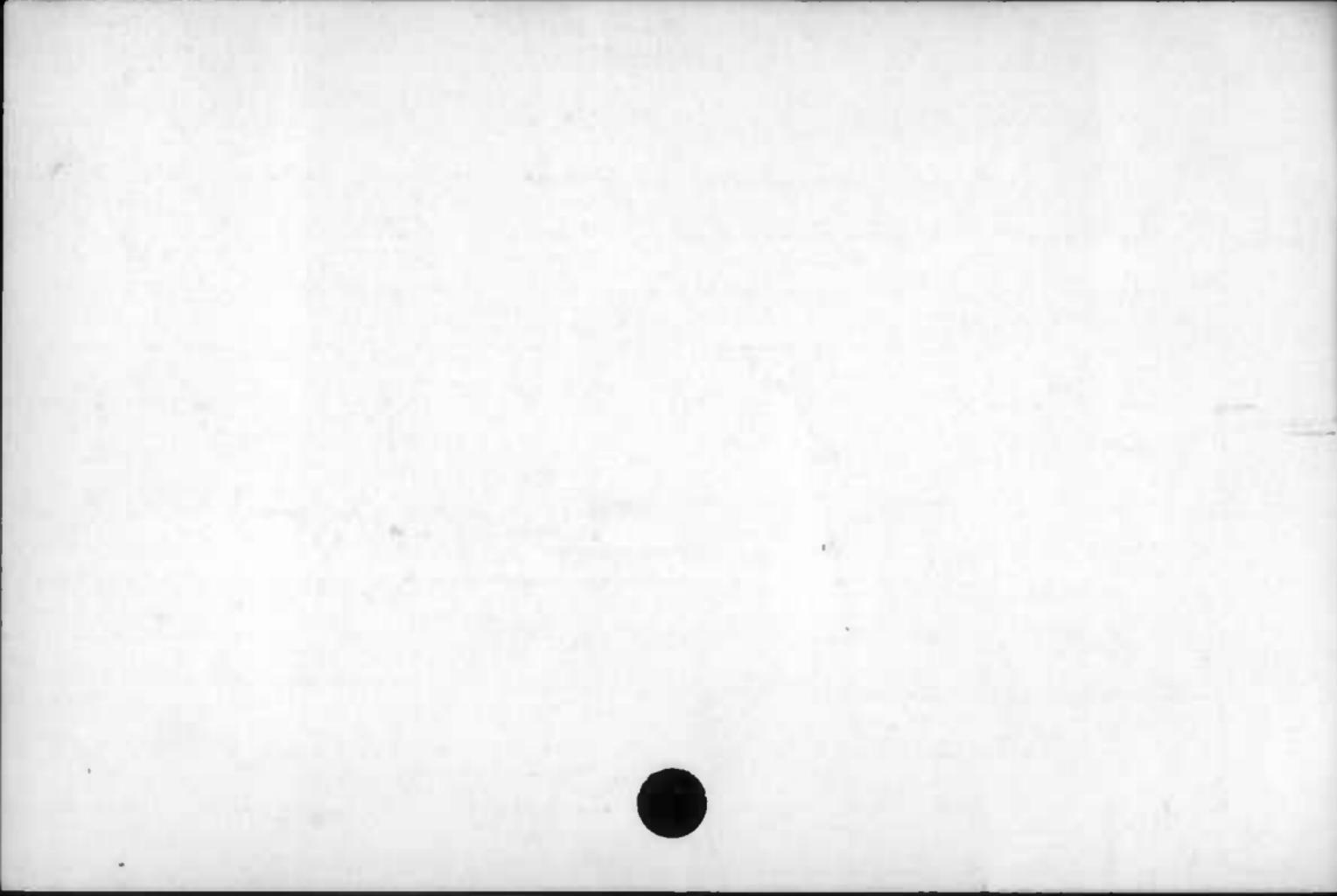
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1908	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Roxbury		
Father's Name	do not know	Md		
Mother's Maiden Name	do not know	Md		
Name of person giving Information	Charles Brandenburg	Boothwyn Del		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	27
Immediate	Pulmonary Congestion	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Several years 2 days
	Signature of Physician Address	of a school Dayton Md
Accident or Suicide?		



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Sharp Williams

CERTIFICATE OF DEATH

MARYLAND

Died at "The Oaks", Ellicott City Howard County

Date of death 1908 Month Sept Day 3 Years 11 Months — Days 13

Sex Male Color or Race White

Birth-place "The Oaks", Howard Co., Md.

Occupation Infant Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name William David Williams

Father's Birthplace London Co., Va.

Mother's Maiden Name Dulcie Belva Cooley

Mother's Birthplace Warren Co., Va.

Name of person giving Information Dulcie B. Williams

How related to deceased Mother

CAUSES OF DEATH

105

Primary

Cysto- Colitis

How long

6 days

Immediate

Convulsions

How long

Sudden

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Wm. B. Gambill

Address

Ellicott City, Md.

Accident or Suicide?

